CORRECTION AFFIDAVIT

FORM COR-C/OH

FOR CANDIDATE/OFFICEHOLDER						
		CANDID	AI	E/OFFICEHOLDER	~	
1	ACCOUNT#		-	2 Total pages filed: 5		E USE ONLY
3	CANDIDATE / OFFICEHOLDER NAME	RO	PRST ONAL AST REEN	SUFFIX	Date Received	
4	ORIGINAL REPORT TYPE	X January 15	Rı	unoff Other (specify)	Date Hand-delivere	ed or Date Postmarked
		30th day before election	a ₁	ith day after treasurer ppointment (officeholder only) nal report	Legal	Totals
5	ORIGINAL	Month Day Year		Month Day Year	Date Processed	
٣	PERIOD COVERED	7 / 1 / 2004	тн	ROUGH 12 / 31 / 2004	Date Imaged	
	AFFIDANT					
7	AFFIDAVIT			I swear, or affirm, under penalt report is true and correct.	y of perjury, th	at this corrected
	Check ONLY if applicable: Swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Signature of Candidate or Officeholder Signature of Candidate or Officeholder					
	20 <u>()</u> to certi Math C (Signature of officer admini	fy which, witness my han 7. Ma stering oath Printe	the	nd seal of office. w A Zei's	Nutary Title of officer adm	

Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Cum	2 PAGE#						
The C/OH INSTRUCTION Guil	DE explains how to complete this form.	(Ethics Commission filers) 01010101	1 of 4				
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY				
OFFICEHOLDER NAME	Ronald		Date Received				
, , , , , , ,	NICKNAME LAST	SUFFIX					
	Green						
A CANDIDATE /	ADDRESS / PO BOX: APT / SUITE #;	CITY; STATE; ZIP CODE	4				
4 CANDIDATE / OFFICEHOLDER		OHT, STATE, 28 000E					
MAILING ADDRESS	7670 Woodway, Suite 110 Houston, TX 77063		Date Hand-delivered or Date Postmarked				
Change of Address			pate Figure delivered of Suite Fouriering				
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	_				
OFFICEHOLDER PHONE			Receipt # Amount				
6 CAMPAIGN	MS/MRS/MR FIRST	М	Date Processed				
TREASURER	Harry		Date Imaged				
NAME	NICKNAME LAST Johnson	Suffix Sr.	Date illaged				
			740.000				
7 CAMPAIGN TREASURER	street address (NO PO BOX PLEASE); APT / SI 6524 San Felipe, PMB 517	JITE#; CITY; STATE;	ZIP CODE				
ADDRESS	Houston, TX 77057						
(Residence or business)							
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION					
TREASURER PHONE	(713) 978-7701		······································				
9 REPORT TYPE	X January 15 30th day before election	on Runoff	15th day after campaign treasurer appointment (officeholder only)				
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)				
10 PERIOD	Month Day Year	Month Day	Year				
COVERED	07/01/2004	04					
	ELECTION DATE ELECTION T	VDE .					
11 ELECTION	Month Day Year						
	Prima	y Runoff	General Special				
12 OFFICE	OFFICE HELD (if any) Houston City Council, Pos. 4	13 OFFICE SOUGHT (if known))				
	Houston City Council, Pos. 4						
14 NOTICE	Direct campaign expenditures are campaign expenditures.	coenditures made by others without the ca	andidate's prior consent or approval.				
OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.						
EXPENDITURE BY OTHER	Name						
INDIVIDUALS							
	Address/PO Box; Apl. / Suite #; City; State; Zip Code						
additional pages							
	<u> </u>						
	GO TO	PAGE 2					
	3.4						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

301101114	·		COVE	CHEEF FG 2	
15 C/OH NAME Gree	n, Ronald		16 ACCOUNT # 01010101	(Ethics Commission filers)	
17 NOTICE FROM	have been made wit	notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may ithout the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this hey receive notice of such expenditures			
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	,, <u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
····					
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS (TEMIZE	\$	0.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$	18,324.55	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	60,664.17	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	0.00	
19 AFFIDAVIT	<u> </u>				
	MATHEW A ZEIS MY COMMISSION EXPIRE August 16, 2009	I swear; or affirm, under penalty is true and correct and includes me under Title 15, Election Cooks	all information requi		
744		Signature of C	Candidate or Officeho	lder	
AFFIX NOTARY S	STAMP / SEAL ABOV	E			
Sworn to and subscrib		ne said Ronald C. Green rtify which, witness my hand and seal of office.	, this the	<u></u> day	
Mater a.	5.	Mathew A. Zeis	Notre	1	
Signature of officer admi	instering oath	Print name of officer administering oath	Title of officer admi	histering oath	

POLITICAL EXPENDITURES

SCHEDULE F

3401 Louisiana, Ste. 105 Houston, TX 77002 8 Purpose of payment (See instructions regarding type of information required.) Reimbursement-Southwest Airlines Office sought: Office held: Date Payee name Green, Ronald Amount (\$)						
4 Date 5 Payee name 7 Amount (\$) 08/17/2004 6 Payee address; City; State; Zip Code 3401 Louisiana, Ste. 105 Houston, TX 77002 9 ** Complete if direct expenditure to benefit C/OH ** Candidate name* Office sought: Offi	The Instructi	ON GUIDE explains how to complete this form.			Report: 3/4	
Green, Ronald Date Payee name Green, Ronald Payee name Green, Ronald Green, Ronald Payee name Green, Ronald Green, Ronald Payee name Green, Ronald Fayee name Green, Ronald Green, Ronald Green, Ronald Green, Ronald Fayee name Green, Ronald Green, Ronald Fayee name Green, Ronald	2 FILER NAME	2 FILER NAME Green, Ronald 3 ACCOUNT#			(Ethics Commission filers)	
3401 Louisiana, Ste. 105 Houston, TX 77002 8 Purpose of payment (See instructions regarding type of information required.) Reimbursement-Southwest Airlines Office sought: Office sought: Office held: Amount (\$) 09/01/2004 Payce address; City; State; Zip Code 3401 Louisiana, Ste. 105 Houston, TX 77002 Purpose of payment (See instructions regarding type of information required.) Reimbursement-The Breakfast Klub Office sought:	4 Date	5 Payee name Green, Ronald				
information required.) Reimbursement-Southwest Airlines Office sought: Office held: Date Payee name Green, Ronald Payee address; City; State; Zip Code 3401 Louisiana, Ste. 105 Houston, TX 77002 Purpose of payment (See instructions regarding type of information required.) Reimbursement-The Breakfast Klub Office sought: Office held: Amount (\$) **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:	08/17/2004	3401 Louisiana, Ste. 105			\$201.70	
Reimbursement-Southwest Airlines Office sought: Office held: Date Payee name Green, Ronald Og/01/2004 Payce address; City; State; Zip Code 3401 Louisiana, Ste. 105 Houston, TX 77002 Purpose of payment (See instructions regarding type of information required.) Reimbursement-The Breakfast Klub Office sought: Office held: **Complete if direct expenditure to benefit C/OH **Candidate / Officeholder name: **Complete if direct expenditure to benefit C/OH **Candidate / Officeholder name:	8 Purpose of pa	yment (See instructions regarding type of	9 ** Complete if direct	t expenditure to bene	efit C/OH **	
Green, Ronald O9/01/2004 Payee address; City; State; Zip Code 3401 Louisiana, Ste. 105 Houston, TX 77002 Purpose of payment (See instructions regarding type of information required.) Reimbursement-The Breakfast Klub Office sought:		·	Office sought:			
Purpose of payment (See instructions regarding type of information required.) Reimbursement-The Breakfast Klub ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought:	Date	Payee name Green, Ronald				
information required.) Reimbursement-The Breakfast Klub office sought:	09/01/2004	3401 Louisiana, Ste. 105		·····	\$301.90	
	information red	quired.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		_			
The Instruction	The Instruction Guide explains how to complete this form. 1 PAGE # Schedule: 1/1			Report: 4/4	
2 FILER NAME	Green, Ronald	3	ACCOUNT # 01010101	(Ethios	Commission filers)
4 Date	5 Payee name Southwest Airlines			8	Amount (\$)
08/17/2004	08/17/2004 6 Payee address; City; State; Zip Code Dallas, TX 75235				\$201.70
	7 Purpose of expenditure Airline ticket to Austin			X.	Reimbursement from political contributions intended
Date	Payee name The Breakfast Klub				Amount (\$)
09/01/2004	Payee address; City; State; Zip Code Houston, TX 77002	•••			\$301.90
	Purpose of expenditure Event Expenses for Council Breakfast			X	Reimbursement from political contributions intended